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ABSTRACT

The author stresses the importance of early intervention for handicapped children and infants, including proper nutrition programing for adolescent females before they become pregnant, adequate housing and economic security pre and postnatally, and parenting education. (CL)

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ABSTRACT

"The Necessity of Early Intervention Programs"
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Initial research confirms what many people have long suspected to be true. Children do not wait until age six to begin learning. Infants learn constantly from the moment of birth and possibly even before birth.

When one considers the importance of these early months for the developing infant, a lag time of three months is unfortunate, but a lag time of six months, a year or more, is simply not reasonable in societies as technologically advanced as ours. What do you say to the handicapped adult whose handicap could have been diminished through early assistance?

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THE NECESSITY OF EARLY INTERVENTION PROGRAMS

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THE NECESSITY OF EARLY INTERVENTION PROGRAMS

Let us start out by referring to an optimistic assumption. The assumption is that children are our world's most precious and valuable natural resource. The quality of a society may be gauged by the extent to which its operation encourages and fosters human development.

It is of utmost importance that professionals have gathered evidence indicating that Prevention/Early Intervention Programs are contributing in important ways to the development and welfare of the child, his/her family, the community, and for that matter, even society as a whole.

The development in recent years of reliable observation techniques for assessing the cognitive, emotional, and social behavior of young children gives promise that in the near future we shall have valid evidence regarding the effects of early intervention on other important aspects of the child's development beyond those measured by conventional tests of intelligence and achievement.

Ideally, intervention begins before the family is formed. The optimal time to begin parent intervention is well before the child is born or even conceived. The first step would be to stress proper nutrition and health habits to teenagers. Through required classes in high school, it should be taught that the overall health of the parents, more especially the mother, can affect the health of the child. Teenagers who are on diets to maintain their weight or who live on hamburgers and soft drinks must give themselves at least six months to prepare their physical well being in order to have a healthy baby.

Studies on the nutritional status and food habits of adolescents, pregnant and non-pregnant frequently indicate inadequate and bizarre diets,

with especially low intake of iron, calcium, vitamins A and C. Teenage mothers, under 17, produce a disproportionate number of low birthweight (under 5½ lbs.) babies. Low birthweight carries an increased risk of mental retardation and is the most important single factor in infant mortality. Because the diet of many nations is becoming progressively worse each year, more miscarriages, premature births and developmentally disabled babies can be expected to be born in the future.

Another critical point for intervention is after the family is formed but before any children are born. Again the initial emphasis should be on adequate nutrition and health care but also on adequate housing and economic security before, during, and after pregnancy. This can also be an optimal period with some actual experience with young children provided before the family's own offspring arrive on the scene.

The nutrition of the child is another essential objective. It has been established that even though the human brain develops throughout pregnancy, it reaches its peak of growth during the last three months before birth and the first six months of life. Growth continues to occur, at a slower rate, during childhood. Therefore, since quality of the first three years of life is so crucial, Early Intervention Programs cannot help but be effective.

Not only are dietary deficiencies most harmful during periods of greatest brain growth, but the lack of stimulation can be detrimental, especially to a child who has been diagnosed as developmentally disabled.

During the past decade there has been a growing concern with early education for handicapped children. It was typical of America's scientific community to demand extensive research into the problem before acting to

solve it. The initial research confirms those things we have long suspected to be true. We can now quote sophisticated studies to support the hypothesis that children do not wait until age six to start learning. Infants learn constantly from the moment of birth and possibly even before birth. They learn about themselves, their bodies, and how they can influence the things and people around them. It is during those first months that so much critical learning seems to occur; the basic cognitive patterns which will serve the individual for the remainder of his life. It appears that those first weeks and months, when the nervous system is rapidly completing its organic development are critical times for helping the infant deal most effectively with the neuro-motor and perceptual problems resulting from damage or distortion within the nervous system itself. During this period the infant can be helped to learn motor patterns which are most efficient and to compensate (to a greater or lesser degree) for abnormal neuro-muscular reflexes - muscular responses which can otherwise hold the infant prisoner in an uncontrolled body for the remainder of his life.

For the most part, people are unprepared for the role of parent. If they have not had the opportunity to acquire the necessary skills through family experiences, high school/college courses or through hospital workshops, they can feel helpless or at least unsure. Although a substantial number of babies are born retarded because of biomedical causes, a far greater number become functionally retarded because they have been deprived of basic needs during early childhood development.

The family environment, particularly the "mothering" experienced by the infant, is also crucial to the individual's future ability to

think and act constructively. In those situations where the baby is obviously handicapped or where the mother strongly suspects some abnormality (deviancy), the quality of mothering is significantly biased and distorted. The birth of a "defective" child provokes a storm of emotions within a family. Parents are overwhelmed by feelings of helplessness and disappointment, disbelief, anger, confusion and guilt. How the family resolves their feelings will importantly determine how the family and the child will function later on.

When an infant is born with obvious physical defects he may be subject to a massive rejection by the parents during the formative period. Such children are particularly vulnerable to mental retardation even though there is no organic cause for the decreased intellectual functioning. These families in crisis, and they as well as their child need help as early as possible.

Three areas in which a program must concentrate in helping the families are:

1. To involve the parent and child in verbal interaction,
2. To determine that the mother not only trains the child but the child trains the parent, and
3. To develop a mutual and enduring emotional attachment between the child and the parents.

It is by capitalizing on all of these elements, by taking as its focus neither the child nor the parent but the parent-child system, that an Early Intervention Program achieves its effectiveness and staying power. Parent intervention influences the attitudes and behavior of the parents not only toward the child but also in relation to themselves as competent people capable of improving their own situation.

It is in the very real and intimate participation of parents wherein lies the strength and vitality of an Early Intervention Program. The parents not only have a right to be an essential part in the planning of their child's program, but they are an essential ingredient. The parents, especially the mother, should be treated as colleagues in a joint endeavor in behalf of the child. It must be kept constantly in mind that the child's primary and continuing educational relationship is with the mother. Therefore, the mother, not the staff-expert, is the primary agent of intervention. Intervention programs that place major emphasis on involving the parent directly in activities fostering the child's development are likely to have constructive impact at any age, but the earlier such activities are begun, and the longer they are continued, the greater the benefit to the child.

Program planners and providers of services in early childhood education need to take a new look at not only the growth and development of infants and toddlers, but at the training needs and experiences of teachers and other staff who will be involved. Basic to programming, both for normal and handicapped children, is teacher training in the area of normal child development. In addition, teachers of atypical children need special training and experience in parent counseling, orientation to the problems presented by various types of handicaps, and the ability to work effectively both with consultants and in a cross-disciplinary team with other staff members. Therapists need not only be expert in relation to their own specialty as it relates to small handicapped children but also need to have knowledge of normal child development. All participants need to realize that training/education goes on during all aspects of the child's day.

The child needs, above all, to have opportunities for exploration and decision making. And, most of all, as the results of his or her own efforts, the child needs to experience the sweet smell of success.

When one considers the importance of these early months for the developing infant, a lag time of three months is unfortunate, but a lag time of six months, a year or more is simply not reasonable in a society so technologically advanced as ours. What do we say to the handicapped adult whose handicap could have been diminished through early assistance? When the child reaches adulthood, it should not be necessary to apologize for our failure to provide the assistance he/she needed in infancy.